

P2400035656
Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516)813-1184
Fax Number : (516)935-3088

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: fjmilfort@aol.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
CASM BEAUTY CORP.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

2024 MAY 28 PM 3:07

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T.J.H

5/29/24

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: CASM BEAUTY CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2115 Antigua Lane
Naples, FL 34120

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Provide Beauty & Facial Services

ARTICLE IV SHARES

The number of shares of stock is: 1500 at No Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Margaret M. Milfort - President/Director

Address: 2115 Antigua Lane
Naples, FL 34120

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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NAPLES, FLORIDA

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Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Margaret M. Milfort

Address: 2115 Antigua Lane

Naples, FL 34120

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Margaret M. Milfort

Address: 2115 Antigua Lane

Naples, FL 34120

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Margaret M. Milfort

Required Signature/Registered Agent Margaret M. Milfort

May 24th, 2024

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Margaret M. Milfort

Required Signature/Incorporator Margaret M. Milfort

May 24th, 2024

Date

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